

To be completed by State Office – Date Received: _____

Grant Application Signature Page
State of Kansas Department of Health and Environment

Grant Period: July 1, 2016 – June 30, 2017

1000 SW Jackson, Suite 340
Topeka, Kansas 66612-1365

This form, complete with signatures, is required to complete your Aid to Local application package.
Upload to Catalyst as an attachment on the Organization Summary Page.
All applications due March 15, 2016.

Applicant: (Name of Agency) Catholic Charities of Northeast Kansas


Street Address/PO Box 9720 West 87th Street
City Overland Park Zip Code 66212

Name of Director Kim Brabits, VP of Program Operation

Primary Contact Andrew Campos, Director of Grants Management

Telephone of Primary Contact 913-433-2093

Signatures:


President/Chairman Local Board of Health or Board of Directors
Date: 03/15/2016

Child Care Licensing Program	
Chronic Disease Risk Reduction	
Community-Based Primary Care Clinic Grant	
Disease Intervention	
Family Planning	
Healthy Family Services	
HIV Prevention Program – Community	
HIV Prevention Program – Opt Out	
Immunization Action Plan	
Maternal & Child Health	
Pregnancy Maintenance Initiative (PMI)	X \$50,433
PREP	
Public Health Emergency Preparedness	
Ryan White	
Special Health Care Needs	
State Formula	
Teen Pregnancy Targeted Case Management	
WIC/ICP Collaborative	
Total Funds Requested:	


Administrator/Director
Date: 03/15/2016